MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

05758

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Rural near Leitersburg Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Hagerstown Md R D 4
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 40 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Rural - Near Leitersburg Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Hagerstown Md R D 4
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Harvey C. Albin

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lucy Albin
6(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) June 10 1871

8. AGE: Years 68 | Months 10 | Days 26 | If less than one day ____ hrs. ____ min.

9. Birthplace New Caretown Wash. Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Self

FATHER
12. Name John Albin
13. Birthplace Stephen City Va

MOTHER
14. Maiden name Elizebeth Stephey
15. Birthplace Near Smithburg Md.

16. Informant Miss Ethel Albin
Address Hagerstown Md R D 4

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 9. 1940 (month) (day) (year)
Cemetery or crematory Luthern Cemetery
Location Leitersburg Md.

18. Funeral director Scott F. Minnich & Son
Address Hagerstown Md.

19. May 9 1940 (Date rec'd by registrar) H. B. Fawcomer, Dep Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 6 1940, at 4.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

	DURATION
Immediate cause of death Coronary aclusion	5/6/40
Due to Chronic myocarditis	1938
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ---- Date of ____
Where did injury occur? ---- (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Horst's farm
Means of injury Sudden death Injured at work?

23. SIGNATURE R. Robert Mellis DEPUTY MEDICAL EXAM WASH. CO., MD.
Address 115 N. Potomac St. Hagerstown, Md. M. D. or other
Date signed 5/7/40

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(170-C)

CERTIFICATE OF DEATH

05759

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington.

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash. Co Hospital -

Stay in hospital or inst. (yrs., or mos., or days) 3 weeks -

Stay in this community (yrs., or mos., or days) 37 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington -

City or town Smithsburg R#2 Ward No. —

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Old Forge Rd.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no -

3. (a) FULL NAME Harry L. Bachtell

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife Gertrude

6(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Mar 3 - 1877

8. AGE:

Years	Months	Days	If less than one day
63	2	15	____ hrs. ____ min.

9. Birthplace Greensburg Wash. Co Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Hoover Farm.

FATHER 12. Name Lewis Bachtell

13. Birthplace Smithsburg Md

MOTHER 14. Maiden name Eliz. Bachtell.

15. Birthplace Smithsburg Md

16. Informant Mrs Harry L. Bachtell

Address Smithsburg. Md.

17. Burial - (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year) 21

Cemetery or crematory Smiths burg Cem.

Location Smithsburg Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown, Md.

19. May 19, 1940 (Date rec'd by registrar) Chas H. Powers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1940, at 9:25 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ---- 19____, to ____ 19____, and that I last saw him alive on ____ 19____.

Immediate cause of death	DURATION
Fractured skull, rt, patella	
Due to and left acetabulum	4/28/40
Due to Coronary Occlusion	5/18/4
Other conditions ---	

(Include pregnancy within 3 months of death)

Major findings:

Ot operations ---

Ot autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 4/28/40

Where did injury occur? Chewsville Rd. Md. (City or town) agerstown, (County) Md. (State) Wash.

Injured at home, farm, industry, public place (where?)

Means of injury auto accident Injured at work? No

23. SIGNATURE J. Robert Mello DEPUTY MEDICAL EXA WASH. CO., MD. M. D. or other

Address 115 N. Potomac St. Hagerstown, Md. Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Dr-Wright

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18-a) CP

05760

CERTIFICATE OF DEATH

Reg. Diat. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Wash Co. Hospital
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Pa. County: Franklin
City or town: Mercersburg Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: R.D. 2
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Jacob A. Beck

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mrs. Jennie Beck
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 3, 1880

8. AGE:

Years	Months	Days	If less than one day
60	-	11	hrs. min.

9. Birthplace: Mercersburg, Franklin, Pa.
(Town, county, and state)
10. Usual occupation: carpenter
11. Industry or business: Self

FATHER
12. Name: Hezekiah Beck
13. Birthplace: Mercersburg, Pa.

MOTHER
14. Maiden name: Rebecca Hawbaker
15. Birthplace: Welsh Run, Pa.

16. Informant: Mrs. Jennie Beck
Address: Mercersburg, Pa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 16 1940 (month) (day) (year)
Cemetery or crematory: Fairview
Location: Mercersburg, Pa.

18. Funeral director: F.M. Linburger
Address: Mercersburg, Pa.

19. May 15 1940 (Date rec'd by registrar) C. Galt Bowers Registrar

MEDICAL CERTIFICATION A

20. DATE OF DEATH: May 14, 1940, at 9:57 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ---- 19---, to ---19---, and that I last saw him alive on ---19---.

Immediate cause of death	DURATION
Fractured skull	5/13/40
Due to Laceration of brain	
Due to Fall from barn	
Other conditions ---	

(Include pregnancy within 3 months of death)
Major findings: Of operations: None
Of autopsy: as above 5/14/40

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of: May 13'40
Where did injury occur? Mercersburg (City or town) R#2 Franklin (County) Pa (State)
Injured at home, farm, industry, public place (where?): farm
Means of injury: Injured at work? Yes

23. SIGNATURE: D Rohrer M.D. DEPUTY MEDICAL EXAM. WASH. CO., MD.
M. D. or other
Address: 115 N. Potomac St. Hagerstown, Md.
Date signed:

RECEIVED
JUN 6 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131b)

05761

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 35 West North St

Stay in hospital or insf. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 2 (If outside city or town limits, write RURAL NEAR and give town)

Street No. 35 West North St (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Beulah Mae Bennett

3. (b) Social Security Number None

4. Sex Female

5. Color or race Col

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Joseph Bennett

6(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Dec 15 - 1894

8. AGE: Years 45 Months 4 Days 23 If less than one day ___ hrs. ___ min.

9. Birthplace Ashville Va (Town, county, and state)

10. Usual occupation House Work

11. Industry or business Domestic

FATHER 12. Name Nimrod Gant

13. Birthplace Ashville Va

MOTHER 14. Maiden name Mattie Berry

15. Birthplace Va

16. Informant Gordon Bennett

Address 35 West North St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5-11-40 (month) (day) (year)

Cemetery or crematory Rosehill Cemetery

Location Hagerstown

18. Funeral director John M Caldwell

Address 160 N Jonathan St Hagerstown Md

19. May 14, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1940, at 12:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 6 1940, to May 8 1940, and that I last saw her alive on May 7 1940.

Immediate cause of death Apoplexy; duration, twelve hours. Was found, unconscious, at a neighbor

Due to Cerebral Arteriosclerosis Hemiplegia

Due to Chronic Nephritis; duration not stated. (Saw patient for 1st time 3/7/40) cause.

Other conditions unconscious.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. D. Campbell M. D. or other

Address Hagerstown Md Date signed 5/8/40

RECEIVED
JUN 6 1910
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

05762

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 28 S. Cannon Ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 54 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 28 S. Cannon Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Emma L. Bixler

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife William H. Bixler — 6(c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) April 24 1861

8. AGE: Years	Months	Days	If less than one day
79	0	20	hrs. min.

9. Birthplace Fatherville Balt. Md. (Town, county, and state)
10. Usual occupation Home wife
11. Industry or business Own home
FATHER 12. Name John T. Sadtler
FATHER 13. Birthplace Baltimore Md.
MOTHER 14. Maiden name Louise Jenks
MOTHER 15. Birthplace Phila Pa
16. Informant William H. Bixler
Address Hagerstown Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 16-1940 (month) (day) (year)
Cemetery or crematory Rose Hill
Location Hagerstown Md
18. Funeral director Scott & Minnick Son
Address Hagerstown Md
19. May 15th 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 1940, at 10.25 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 7, 1940, to May 14 1940, and that I last saw h[illegible] alive on May 13, 1940.

Immediate cause of death: Chronic cardio vascular renal disease. — DURATION: 2 yrs.
Due to
Due to
Other conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations No operations
Of autopsy No autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE L. A. Bell M. D. or other
Address Hagerstown Md. Date signed 5/15/40

Dr. Bell

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (106-t)

CERTIFICATE OF DEATH

05763

Reg. Dist. No. 311

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington County

City or town Downsville Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Downsville County Washington

City or town Downsville Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Albert Lee Bloom

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

B (b) Name of husband or wife Myrtle Downs Bloom

6(c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Oct. 22, 1871

8. AGE: Years	Months	Days	If less than one day
68	6 5	10	hrs. min.

9. Birthplace Tilghmanton Md
(Town, county, and state)

10. Usual occupation Store Keeper

11. Industry or business

FATHER 12. Name Joseah Bloom

13. Birthplace Tilghmanton Md

MOTHER 14. Maiden name Elnora Fitch

15. Birthplace Tilghmanton Md

16. Informant Myrtle Downs Bloom

Address Downsville, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 5 1940 (month) (day) (year)

Cemetery or crematory Greenlawn Cemetery

Locafion Williamsport, Md

18. Funeral director Edith V Leaf

Address Williamsport, Md

19. May 4 1940 (Date rec'd by registrar) J. S. Bloom Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1940, at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 28 1940, to May 2 1940, and that I last saw him alive on May 2 1940.

	DURATION
Immediate cause of death	
Bronchiectasis	10 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Williamsport Md Date signed 5/2/40

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(95C)

05764

CERTIFICATE OF DEATH

Reg. Diat. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 79 yrs

Hospital, institution, or street address where death occurred:

415 S. Potomac St

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 415 S. Potomac

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME William a. Burger

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	widower

6.(b) Name of husband or wife Henrietta Burger

6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 5 - 1861

8. AGE:

Years	Months	Days	If less than one day
79	3	13	____ hrs. ____ min.

9. Birthplace Hagerstown Wash. Co. Md. (Town, county, and state)

10. Usual occupation Gardener

11. Industry or business

FATHER

12. Name John F. Burger

13. Birthplace Germany

MOTHER

14. Maiden name Anna W. Wellinger

15. Birthplace Germany

16. Informant Chester S. Burger

Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 21-1940 (month) (day) (year)

Cemetery or crematory Rose Hill

Location Hagerstown Md

18. Funeral director C. M. Suter & Sons

Address Hagerstown, Md

19. May 20, 1940 (Date rec'd by registrar) Chas. W. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1940 at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr. 16 1938, to May 18 1940 and that I last saw h... alive on May 18 1940

Immediate cause of death	DURATION
Pulmonary edema	
Due to Hypertension disease	
Due to Cardiac insufficiency	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Miller Lippman M.D. M.D. or other

Address Hagerstown Md. Date signed May 20-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

05765

CERTIFICATE OF DEATH

(94-a)

Reg. Dist. No. 311

1. PLACE OF DEATH:
County Washington
City or town Rural - near Fairplay
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 6 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Rural - near Fairplay
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME William Lee Cook
3. (b) Social Security Number None.

4. Sex Male
5. Color or race white
6. (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife Anna Cook
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) December-16-1868
8. AGE: Years 71 Months 5 Days 8 If less than one day hrs. min.
9. Birthplace Near Shepherdstown W. Va.
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Retired.
FATHER 12. Name John Cook
13. Birthplace West Virginia
MOTHER 14. Maiden name Jane Berna
15. Birthplace West Virginia
16. Informant Mrs. John L. Hammond
Address Fairplay Md.
17. Burial. Date thereof May 27. 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Mountain View Century
Location Sharpsburg Md.
18. Funeral director Wm F. Bart & Son
Address Boonsboro Md.
19. May 26 1940 J. D. Bloom
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 1940, at 3:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 18 1940, to May 23 1940, and that I last saw him alive on May 23 1940.
Immediate cause of death Coronary Thrombosis — DURATION 5 days.
Due to Arteriosclerosis and hypertension. — 10 yrs (?)
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Walter H. Sheaby M.D.
M. D. or other
Address Sharpsburg, Md. Date signed 5/25/40.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (83a)

05766

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 yrs.
Hospital, institution, or street address where death occurred: 148 East Ave.
How long in hospital or institution? none.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 148 East Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war none

3. (a) FULL NAME Mrs. Martha B. Dayton.

3. (b) Social Security Number none.

4. Sex: Female
5. Color or race: white
6.(a) Single, married, widowed, or divorced: Widow
6.(b) Name of husband or wife: Daniel F.
6.(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Sept 5 - 1859

8. AGE: Years 80 | Months 8 | Days 25 | If less than one day ... hrs. ... min.

9. Birthplace Middleburg Franklin Co Pa.
(Town, county, and state)
10. Usual occupation Housework.
11. Industry or business —
FATHER
12. Name Simon Talhelm
13. Birthplace Middleburg Pa.
MOTHER
14. Maiden name Mary Jones.
15. Birthplace Middleburg. Pa.
16. Informant Clinton J. Dayton
Address Fairplay. Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 1 - 1940 (month) (day) (year)
Cemetery or crematory Rest Haven Cemetery
Location Hagerstown. Md.
18. Funeral director Andrew K. Coffman
Address Hagerstown. Md.
19. 6/1 1940 (Date rec'd by registrar) Chas H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1940 at 3 A. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 22nd 1940, to May 30 1940 and that I last saw her alive on May 25th 1940
Immediate cause of death: Cerebral Hemorrhage — DURATION May 22nd
Due to
Due to
Other conditions Senility
(Include pregnancy within 3 months of death)
Major findings of operations —
Date of op.
Autopsy results —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Philip J. Hinshman M. D. or other
Address Hagerstown Md. Date signed 5/31/40

Dr. Hinshman.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

05767

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash. Co. Home

Stay in hospital or inst. (yrs., or mos., or days) 9 Months

Stay in this community (yrs., or mos., or days) 69 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME John William Dixon

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Widower

6 (b) Name of husband or wife Emma J. Dixon

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 1868

8. AGE: Years 73 | Months 9 | Days | If less than one day ____ hrs. ____ min.

9. Birthplace Keedysville Wash. Co. Md.

(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name George Dixon

FATHER 13. Birthplace Unknown

MOTHER 14. Maiden name "

MOTHER 15. Birthplace "

16. Informant Howell Dixon

Address Hagerstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 27 1940 (month) (day) (year)

Cemetery or crematory Rest Haven Amitry

Location Hagerstown Md

18. Funeral director Scott F. Minnick Son

Address Hagerstown Md

19. May 25, 1940 (Date rec'd by registrar) Scott F. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1940, at 4.9 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 25 1939, to May 25 1940.

and that I last saw h[illegible] alive on May 25 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	6 m 8 hrs.
Due to	
Due to	
Other conditions Chronic Arteria Sclerosis.	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. H. Bradley M. D. or other

Address Hagerstown Md Date signed May 29 1940

Bradley

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

05768

Reg. Diat. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 34 yrs.
Hospital, Institution, or street address where death occurred:
70 W Franklin St.
How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 70 W. Franklin.
(If rural, give LOCATION)
2.(a) If veteran, name war no

3.(a) FULL NAME Mrs Mary E. Dowell.

3.(b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widow.

6.(b) Name of husband or wife Thomas.
6.(c) If alive, give age —. years

7. Birth date of deceased (mo., day, yr.) April 27- 1871.

8. AGE: Years	Months	Days	If less than one day
69	1	3.	...hrs. ...min.

9. Birthplace Dalton, Walker Co Ga.
(Town, county, and state)
10. Usual occupation Housework.
11. Industry or business —

FATHER
12. Name James Robison.
13. Birthplace Dalton Ga.

MOTHER
14. Maiden name Elizabeth Smith.
15. Birthplace Binghamton NY.

16. Informant Mrs Ethel Authied
Address Hagerstown. Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof June 1- 1940. (month) (day) (year)
Cemetery or crematory Rose Hill Cem.
Location Hagerstown. Md
18. Funeral director Andrew K. Coffman
Address Hagerstown. Md

19. 6/1 1940 (Date rec'd by registrar) Chas H. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1940, at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 26, 1934, to May 30, 1940 and that I last saw h. alive on May 13, 1940

Immediate cause of death Chronic Myocarditis — 6-26-34
Due to Arteriosclerosis — 6-26-34
Due to Bronchopneumonia — 1 month
Due to —
Other conditions —
(Include pregnancy within 3 months of death)

DURATION

Major findings of operations
Date of op.
Autopsy results No.
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. Howard Yeager M. D. or other
Address Hagerstown Md Date signed May 31, 1940

Dr Yeager.

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

05769

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 546 Salem Ave.

Stay in hospital or inst. (yrs., or mos., or days) none.

Stay in this community (yrs., or mos., or days) 17 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 546 Salem Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Mrs Mary E. Draper.

3. (b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widow.

6 (b) Name of husband or wife James F

6(c) If alive, give age —. years

7. Birth date of deceased (mo., day, yr.) July 27 - 1857.

8. AGE: Years	Months	Days	If less than one day
82	9	16	hrs. min.

9. Birthplace Chambersburg Franklin Co Pa (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business none.

FATHER 12. Name Michael Martin.

13. Birthplace Chambersburg Pa

MOTHER 14. Maiden name Mary Hege.

15. Birthplace Chambersburg Pa.

16. Informant John T. Draper

Address Hagerstown Md

17. Burial. (Burial, cremation, or removal. Which?) Date thereof May 15 1940 (month) (day) (year)

Cemetery or crematory Little Rose Hill

Location near Clearspring Md.

18. Funeral director Andrew K. Cossman

Address Hagerstown Md

19. May 14. 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 12. 1940, at 9:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ——— 19—, to ——— 19—, and that I last saw her alive on 5/12/40 19—

Immediate cause of death	DURATION
Congestive Heart failure	1 year
Due to	
Due to	
Other conditions Hypertensive Heart Disease	10 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Hollon Long M.D. M. D. or other

Address Hagerstown Md Date signed 5/14/40

D. Wolfe.

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

119-a

05770

CERTIFICATE OF DEATH

Reg. Dist. No. 301

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Rural- Williamsport, Md. R D 2
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 21 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Rural-Williamsport, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town) R D 2

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles Kenneth Drury

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11, 1940

8. AGE: Years	Months	Days	If less than one day
0	0	21	hrs. min.

9. Birthplace Washington County, Md.
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER 12. Name Jacob Drury

FATHER 13. Birthplace Mercersburg, Pa.

MOTHER 14. Maiden name Merle Gardner

MOTHER 15. Birthplace Berkley County, W. Va.

16. Informant Jacob Drury

Address Williamsport, Md. R D 2

17. Burial Date thereof May 3, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory River View Cemetery

Location Williamsport, Md.

18. Funeral director Snyder-Rowland Funeral Home

Address Clearspring, Md.

19. May 3 1940 Mrs. E Lee McElroy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2, 1940-11:00 A. M. or P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 11 1940 to May 2 1940, and that I last saw him alive on May 1 1940.

Immediate cause of death	DURATION
Enteritis (non-specific)	4 days
Malnutrition	10 days.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Archie Robert Cohen M. D. or other

Address Clearspring Date signed Md.

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

05771

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Paper Mill Rd.

Stay in hospital or inst. (yrs., or mos., or days) None

Stay in this community (yrs., or mos., or days) 23 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Paper Mill Rd.
(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR no

3. (a) FULL NAME Mrs Margaret Eikelberger.

3. (b) Social Security Number no -

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Daniel -

6(c) If alive, give age —. years

7. Birth date of deceased (mo., day, yr.) Sept 22 - 1862

8. AGE:

Years	Months	Days	If less than one day
77	7	24	hrs. min.

9. Birthplace Lappans Wash. Co Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business —.

FATHER
12. Name Jonathan Davis.
13. Birthplace Boonsboro. Md.

MOTHER
14. Maiden name Mary Lookingland
15. Birthplace Boonsboro Md.

16. Informant Roy S. Eikelberger
Address Hagerstown Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof May 18-1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery.

Location Hagerstown. Md.

18. Funeral director Andrew W. Coffman

Address Hagerstown Md

19. May 18. 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 15. 1940, at 11.45 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 14. 1940, to May 15, 1940, and that I last saw h[illegible] alive on May 15, 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	1 day.
Hemiplegia Right	1 day.
Due to Arteriosclerosis	14 yr.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE W. Howard Yeager M. D. or other

Address Hagerstown, Md. Date signed May 16, 1940

Dr Yeager.

RECEIVED
JUN 6 1940
BUREAU V. S.

VS. A15 (T) MARGIN RESERVED FOR BINDING (I)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (B-8)

Reg. Dist. No. 306

05772

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Washington.
(b) City or town Rural Smithsburg.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) Life.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Washington
(c) City or town Rural Smithsburg.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Waynesboro Road.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Jacob. Caleb Frey.

3 (b) If veteran, name war: no
3 (c) Social Security No.: no

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed.
6 (b) Name of husband or wife: Linnie Frey.
6. (c) If alive, give age: no years

7. Birth date of deceased (mo., day, yr.) Dec. 7. 1866

8. AGE: Years 73 | Months 5 | Days 22 | If less than one day ____ hr. ____ min.

9. Birthplace Wolfsville, Frederick Co. Md.
(Town, county, and state)
10. Usual occupation Farmer & Dairyman.
11. Industry or business

FATHER
12. Name Johnathan Frey.
13. Birthplace Md.

MOTHER
14. Maiden Name Susan M. Swope.
15. Birthplace Md.

16 (a) Informant J. Kuffer Frey.
(b) Address Smithsburg Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (month) 1 (day) 1940 (year)
(c) Cemetery or crematory Rest Haven Cem.
Location Hagerstown Md.

18 (a) Funeral director Conrad Funeral Home
(b) Address Smithsburg Md.

19 (a) June 1st 40 (Date rec'd by registrar) (b) Geo. W. Ferguson local Registrar

MEDICAL CERTIFICATION

20. Date of death May 29 1940, at 10.40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1940, to May 29 1940, and that I last saw him alive on May 29 1940.

Immediate cause of death	Duration
Cerebral Thrombosis	2 days
Due to Arterio Sclerosis	4 yrs
Due to	
Other conditions Chronic Prostatic Hypertrophy (Include pregnancy within 3 months of death)	1 yr

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature G. G. Kohler M. D. or other
Address Smithsburg Date signed 5/29/40

RECEIVED
JUN 10
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (13-C) Reg. Dist. No. 302

CERTIFICATE OF DEATH

05773

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Hagerstown (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Washington County Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Washington

(c) City or town Hancock, Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miraim Carolyn Gregory

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Blair Gregory

6. (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) May 13, 1906

8. AGE: Years 34 | Months 0 | Days 15 | If less than one day ____hr. ____min.

9. Birthplace Fulton County, Pa. (Town, county, and state)

10. Usual occupation Home Work

11. Industry or business

FATHER 12. Name Samuel M. Andrews

FATHER 13. Birthplace Oil City, Pa.

MOTHER 14. Maiden Name Blanch Younker

MOTHER 15. Birthplace Warfordsburg, Pa.

16 (a) Informant Mrs. Blanch Andrews

(b) Address Hancock, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31, 1940 (month) (day) (year)

(c) Cemetery or crematory Damascus Cemetery

Location Near Hancock, Md.

18 (a) Funeral director Snyder-Rowland Funeral

(b) Address Hancock, Maryland.

19 (a) May 31 1940 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. Date of death May 28, 1940 19 1:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/17 1940, to 5/28/40 19, and that I last saw him alive on 5/27/40 19.

Immediate cause of death	Duration
Renewal Pentonitis	about 12 or 13 days
Due to Rupture of Tubal Ovarian Abscess R.L.	
Due to Colon & Tube cultur Infection	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Tube-Ovarian abscess Ruptured R.L. Both Ovaries & Bowel M. Lung

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —

(e) Means of injury Home

PHYSICIAN

Underline the cause to which death should be charged statistically.

23. Signature H E Tabler, M.D. M. D. or other

Address Hancock, Md Date signed 5/29/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (122-8)

05774

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:

County Washington

City or town Boonsboro
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Church Street

Stay in hospital or inst. (yrs., or mos., or days) at Home

Stay in this community (yrs., or mos., or days) 10 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Boonsboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Church St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Josephine Gross

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife John F. Gross.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June - 9 - 1858

8. AGE: Years 81 | Months 10 | Days 22 | If less than one day ____ hrs. ____ min.

9. Birthplace Keedysville Wash. Co. Md.
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business Own Home.

FATHER
12. Name Silas Drenner
13. Birthplace Sharpsburg Wash. Co. Md.

MOTHER
14. Maiden name Elizabeth Carr
15. Birthplace Keedysville Wash. Co. Md.

16. Informant Lloyd L. Gross

Address Boonsboro Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof May-4-1940 (month) (day) (year)

Cemetery or crematory Boonsboro Mausoleum

Location Boonsboro Md.

18. Funeral director Wm F. Bast & Son

Address Boonsboro Md.

19. May. 3. 1940 (Date rec'd by registrar) William F. Bast Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 - 1940, at 12:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 26 1940, to May 1 1940, and that I last saw her alive on May 1 1940.

Immediate cause of death: Intestinal Obstruction; Not due to cancer.

Due to fecal impaction. cw&R.

Due to

Other conditions Arteries Sclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 4/28/40; 1/12/38

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE J. Hubert Wade. M.D. M. D. or other

Address Boonsboro, Md Date signed 5/3/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (191-E)

CERTIFICATE OF DEATH

05775

Reg. Diat. No. 207

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Mt. Carmel
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Near Rohersville

Stay in hospital or Inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 weeks.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Boonsboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Main St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Woodrow Slifer Gross

3. (b) Social Security Number 220-05-6694

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Hilda P. Gross

6(c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.) May 8. 1913

8. AGE: Years	Months	Days	If less than one day
26	11	27	hrs. min.

9. Birthplace Rohersville Wash. Co. Md
(Town, county, and atate)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Walter E. Gross
13. Birthplace Rohersville Wash. Co. Md.

MOTHER
14. Maiden name Daisy V. Slifer
15. Birthplace Locust Grove Wash. Co. Md

16. Informant Walter E. Gross
Address Rohersville Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof May 8. 1940 (month) (day) (year)

Cemetery or crematory Rohersville Cemetary.

Location Rohersville Md.

18. Funeral director C. W. & T. Bast & Son

Address Boonsboro Md

19. May 8 1940 (Date rec'd by registrar) Mrs. Katherine Degenhart Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1940, at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 15 1939, to May 5 1940, and that I last saw him alive on May 5 1940.

Immediate cause of death	DURATION
Acute nephritis superimposed on Chronic nephritis	
Due to Chronic Myocarditis.	2 yrs
Due to Hypertrophy of Heart	2 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE J. W. LeVan M. D.
M. D. or other

Address Boonsboro, Md Date signed 5/7/40

RECEIVED
JUN 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05776

(122a)

1. PLACE OF DEATH

County Washington Registration Dist. No. 306

Village or City Smithsburg Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Hershey

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F M	white	Single

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 19. 1854

7. AGE Years	Months	Days	If LESS then 1 day, hrs. or min.
85	7	3	

OCCUPATION

8. Treda, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housekeeper

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.

10. Deta deceesed lest worked at this occupation (month and yaar)

11. Totel time (years) spent in this occupetion

12. BIRTHPLACE (city or town) Adams Co. Pa. (Stete or country)

FATHER

13. NAME Abraham Hershey

14. BIRTHPLACE (city or town) unknown (Stete or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown (State or country)

17. INFORMANT Elizabeth M. Stouffer (Address) Smithsburg md.

18. BURIAL, CREMATION, OR REMOVAL

Piece Mumnasburg Date May 25, 1940

19. UNDERTAKER L. L. Allison (Address) Fairfield, Penna.

20. FILED May 22, 1940 Geo W. Ferguson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 22 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1940, to May 22, 1940

I last saw her alive on May 19, 1940; death is said to have occurred on the deta steted abova, at 7:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:

	Date of onset
Intestinal Obstruction	May 19
due to	
Strangulated	
Inguinal Hernia	
Other Contributory Causes of importance:	
Chronic myocarditis	10-yr

Name of operation C Date of

Whet test confirmed diegnosis? Was thera en autopsy?

23. If deeth was dua to external ceuses (VIOLENCE) fill in also tha following:

Accident, suicide, or homicide? C Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury C

Netura of injury —

24. Was disease or injury in any way relatad to occupation of deceased? —

If so, specify

(Signed) G. G. Koontz M. D.

(Address) Smithsburg

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1928*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (74a)

CERTIFICATE OF DEATH

05777

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown. (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Public Square.

Stay in hospital or inst. (yrs., or mos., or days) none

Stay in this community (yrs., or mos., or days) 67 years.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 2 (If outside city or town limits, write RURAL NEAR and give town)

Street No. 15 S So Potomac St (If rural give LOCATION)

2(c) IF VETERAN, NAME WAR no

3. (a) FULL NAME Joseph Knode Hoffman

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife Dola.

6(c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) March 28- 1873.

8. AGE:

Years	Months	Days	If less than one day
67	1	20	____ hrs. ____ min.

9. Birthplace Hagerstown, WashCo. Md. (Town, county, and state)

10. Usual occupation Retired.

11. Industry or business Dry Goods Store Owner.

FATHER 12. Name J. C. Hoffman.

FATHER 13. Birthplace Shepherdstow. W. Va

MOTHER 14. Maiden name Clara J. Knode.

MOTHER 15. Birthplace Funkstown, Md.

16. Informant Dr. Paul Hoffman

Address Washington D.C.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof May 19-1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cem.

Location Hagerstown. Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown. Md.

19. May 19, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1940, at 3:05 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from --- 19____, to ____ 19____, and that I last saw him alive on ____ 19____.

Immediate cause of death	DURATION
Coronary Thrombosis	
Due to and ventricular fibrillation (acute)	5/17/40
Due to	
Other conditions ---	

(Include pregnancy within 3 months of death)

Major findings:

Of operations ---

Of autopsy None

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ------ Date of

Where did injury occur? ----- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. Robert Wells DEPUTY MEDICAL EXAMINER WASH. CO., MD. M. D. or

Address 115 N. Potomac St. Hagerstown, Md. Date signed

Dr Wells-

RECEIVED
JUN 6 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

05778

Reg. Dist. No. 307

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Mt. Briar
Stay in hospital or inst. (yrs., or mos., or days) ✓
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Mt. Briar
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Infant Holmes

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	single.

B (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18, 1940

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace Reedyville, Washington Co, Md.
(Town, county, and state)

10. Usual occupation ✓

11. Industry or business ✓

FATHER 12. Name Leon Alexander Holmes

13. Birthplace Washington Co, Md.

MOTHER 14. Maiden name Margaret Susan Nichols

15. Birthplace Waynesboro, Pa.

16. Informant Leon Holmes

Address Reedyville, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 18 1940 (month) (day) (year)

Cemetery or crematory

Location Mt. Briar

18. Funeral director Burial by father Leon Holmes

Address Reedyville Maryland

19. May 18 1940 (Date rec'd by registrar) Mrs Katherine Degenhart Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 18 1940, at 7:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 18 1940, to May 18 1940, and that I last saw him alive on May 18 1940.

Immediate cause of death	DURATION
Stillborn	
Due to	
Premature	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. W. LeVan M. D.
M. D. or other
Address Boonsboro, Date signed 5/18/40

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (W)

05779

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Funkstown.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Chestnut.

Stay in hospital or inst. (yrs., or mos., or days) none

Stay in this community (yrs., or mos., or days) 25 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Funkstown Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Chestnut
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Miss. Sallie Emma Hollyday.

3. (b) Social Security Number none.

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single.

6 (b) Name of husband or wife none

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 29 - 1863

8. AGE: Years 76 | Months 4 | Days 7. | If less than one day ___ hrs. ___ min.

9. Birthplace Barnesville Mont. Co. Md.
(Town, county, and state)

10. Usual occupation Housework.

11. Industry or business own Home.

FATHER
12. Name David Hollyday.
13. Birthplace Ireland.

MOTHER
14. Maiden name Eleanor Riley.
15. Birthplace Ireland

16. Informant John D. Hollyday.
Address Funkstown Md.

17. Burial. Date thereof May 7-140.
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Funkstown Cemetery

Location Funkstown. Md.

18. Funeral director Andrew K. Coffman
Address Hagerstown Md.

19. 5/7 5/6 1940 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1940, at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 15, 1931, to May 5, 1940, and that I last saw her alive on May 4, 1940.

Immediate cause of death Hypertensive cardio-vascular renal disease. — DURATION 9 years

Due to

Due to

Other conditions Diabetes mellitus — 9 years
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? ___ (City or town) ___ (County) ___ (State)

Injured at home, farm, industry, public place (where?) ___

Means of injury ___ Injured at work? ___

23. SIGNATURE R. A. Bell M. D. ~~or other~~

Address Hagerstown Md. Date signed 5/6/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Or Bell

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

05780

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Wash. Co. Hospital
Stay in hospital or inst. (yrs., or mos., or days) 2 days.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Boonsboro (Rural) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. near Boonsboro
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Phyllis Catherine Jones.

3. (b) Social Security Number none.

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: Single
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Febru - 9 - 1940
8. AGE: Years ____ Months 3 Days 8 If less than one day ____ hrs. ____ min.
9. Birthplace Boonsboro Wash. Co. Md. (Town, county, and state)
10. Usual occupation None
11. Industry or business at Home.
FATHER 12. Name Woodrow Jones.
13. Birthplace Boonsboro Wash. Co. Md.
MOTHER 14. Maiden name Alice Reedy
15. Birthplace Park Hall Wash. Co. Md
16. Informant Woodrow Jones
Address Boonsboro Md. R. 2
17. Burial. (Burial, cremation, or removal. Which?) Date thereof May. 19. 1940 (month) (day) (year)
Cemetery or crematory Boonsboro Cemtery.
Location Boonsboro Md.
18. Funeral director Wm. T. Bast & Son
Address Boonsboro Md.
19. May 17. 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 17 1940, at 2:30 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 1940, to May 17 1940, and that I last saw her alive on May 17 1940.

	DURATION
Immediate cause of death: Pneumonia Bronchial (Bilateral)	5 days.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Consolidation Bth Lungs

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE J. D. Bowman M. D. or other
Address Hagerstown, Md Date signed 5/19/40

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-A)

CERTIFICATE OF DEATH

(15781)

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Clearspring, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Clearspring, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ella Catherine Kreigh

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Peter H. Kreigh
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22, 1869

8. AGE: Years 71 | Months 0 | Days 4 | If less than one day hrs. min.

9. Birthplace Washington County, Md.
(Town, county, and state)

10. Usual occupation Home Work

11. Industry or business

FATHER
12. Name Frisby T. Spickler
13. Birthplace Washington County, Md.

MOTHER
14. Maiden name Ellen C. Mace
15. Birthplace Washington County, Md.

16. Informant Charles T. Kreigh
Address Clearspring, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 28, 1940 (month) (day) (year)
Cemetery or crematory St. Paul's Cemetery
Location Near Clearspring, Md.

16. Funeral director Snyder-Rowland Funeral Home
Address Clearspring, Md.

19 May 28 19 40 Joseph W Murray
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26, 1940 - 7:15 19 A. M., at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1, 1940, to May 25, 1940, and that I last saw h alive on May 24, 1940.

Immediate cause of death	DURATION
Chronic Endocarditis	2 yrs.
Due to Chronic Arthritis	3 yrs.
Due to Arteriosclerosis	5 yrs.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE David P. Brewer M.D.
M. D. or other
Address Clear Spring Md. Date signed 5/27/40

RECEIVED
JUL 6 1940
BUREAU V. S.

05782

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: # 502 Jefferson St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 6 years.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 4 (If outside city or town limits, write RURAL NEAR and give town)

Street No. 502 Jefferson St. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Martha Ellen Lapole

3. (b) Social Security Number none

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife George Lapole

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March - 16 - 1855

8. AGE: Years 85 | Months 1 | Days 28 | If less than one day ____ hrs. ____ min.

9. Birthplace Middletown Fred. Co. Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home.

FATHER
12. Name Soloman Houpt.
13. Birthplace Middletown Fred. Co. Md.

MOTHER
14. Maiden name Emelin C. Martin
15. Birthplace Middletown Fred. Co. Md.

16. Informant Miss Mary Shafer

Address Boonsboro Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May. 17. 1940 (month) (day) (year)

Cemetery or crematory Boonsboro Cemetary.

Location Boonsboro Md.

18. Funeral director Wm. F. Bast & Son

Address Boonsboro Md.

19. May 16th 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14, 1940, at 8:10 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 25 1940, to May 14 1940, and that I last saw her alive on May 9, 1940.

Immediate cause of death: Cerebral Hemorrhage

DURATION: 3 wks.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE B B Kreisler M.D. (M. D. or other)

Address 1486 W. Wash St. Hagerstown Md. Date signed May 16, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

05783

CERTIFICATE OF DEATH

Reg. Dist. No. 305

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Dr. Draper (M) (I) (T)

1. PLACE OF DEATH:
County Washington
City or town Boonsboro
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or Institution:
S. Main Street
Stay in hospital or Inst. (yrs., or mos., or days) at Home
Stay in this community (yrs., or mos., or days) 9 weeks.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Boonsboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. S. Main St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Jerome Henry Lewis

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Effie Mc Afee Lewis

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 26 1862

8. AGE: Years 77 | Months 10 | Days 29 | If less than one day ____ hrs. ____ min.

9. Birthplace Keedysville Washington Co. Md.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farm

FATHER
12. Name Morris Henry Lewis
13. Birthplace Keedysville Washington Co. Md.

MOTHER
14. Maiden name Elizabeth Metz
15. Birthplace Keedysville Washington Co. Md.

16. Informant Mrs. J Elmer Mc Knight
Address Boonsboro Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 29 1940 (month) (day) (year)
Cemetery or crematory Church of God Cemetary
Location Mt. Briers Washington Co. Md.

18. Funeral director Wm. D. Bast & Son
Address Boonsboro Md.

19. May 27 1940 William T. Bast
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 25 1940, at 7:30 P.M.

21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from April 6 1940, to May 25 1940, and that I last saw him alive on May 25 1940.

	DURATION
Immediate cause of death Uraemic Coma	May 23
Due to Chronic C.V. Renal disease	
Due to Chronic Interstitial Nephritis.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE W. B. Draper M. D.
M. D. or other
Address Boonsboro, Md. Date signed 5-26-40

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (8)

05784

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington County Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown Ward No. 1
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 734 Washington Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Still Born child of Robert Marpel.

3. (b) Social Security Number: None.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 10, 1940

8. AGE: Years | Months | Days | If less than one day: Born dead. hrs. min.

9. Birthplace: Hagerstown. (Town, county, and state)
10. Usual occupation
11. Industry or business

FATHER
12. Name: Robert Marpel.
13. Birthplace: Hagerstown

MOTHER
14. Maiden name: Mary E. Logan.
15. Birthplace: Baltimore, Md.

16. Informant: Robert Marpel.
Address: Hagerstown

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 11, 1940 (month) (day) (year)
Cemetery or crematory: Rose Hill.
Location: Hagerstown.
18. Funeral director: Fred W. Kraiss.
Address: Hagerstown.

19. May 11, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 10, 1940 19 40, at 7"30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5/10 1940 to 5/10 1940, and that I last saw her dead 5/10/40 19

Immediate cause of death: Intra uterine asphyxia - about 7½ mo foetus

DURATION

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: None Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: F. F. Lusky M. D. or other
Address: 17 W Mony St Date signed: 5/11/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

05785

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Washington County Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Rural Hancock, Md. R F D Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lewis William McCusker

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 31, 1918

8. AGE: Years	Months	Days	If less than one day
21	11	5	hrs. min.

9. Birthplace Fulton County, Penn. (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name George McCusker
13. Birthplace Washington Co., Md.

MOTHER
14. Maiden name Arena B. Kerns
15. Birthplace Fulton County, Penn.

16. Informant George McCusker
Address Hancock, Md. R D D

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 8, 1940 (month) (day) (year)
Cemetery or crematory Catholic Cemetery
Location Hancock, Md.

18. Funeral director Snyder-Rowland Funeral Home
Address Hancock, Md.

19. (Date rec'd by registrar) May 7, 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5, 1940 19 , at 8:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19

Immediate cause of death Open fracture of skull, fractured rt. clavicle fractured rt. 6-7-8-9- and
Due to 10th ribs, fractured rt. mandible. Shock and
Due to hemorrhage.

DURATION
5/5/40

Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of May 5'40
Where did injury occur? East of Hancock Wash. Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) East of Hancock on Route #40
Means of injury Auto accident Injured at work?

23. SIGNATURE J. Robert Mellott DEPUTY MEDICAL EXAM WASH. CO., MD.
Address 115 N. Potomac St. Hagerstown, Md. M. D. or other
Date signed 5/7/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

05786

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 816 Virginia ave
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 16 yers

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 816 Virginia Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Elsie G. Dr. Mc Daniel

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: married

B (b) Name of husband or wife: Joseph E. McDaniel

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct 25 - 1872

8. AGE: Years: 67 | Months: 6 | Days: 7 | If less than one day: hrs. min.

9. Birthplace: Everett Bedford Co, Pa
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: James T. Sheeder
13. Birthplace: Fulton Co. Pa.

MOTHER
14. Maiden name: Charlotte Maloth
15. Birthplace: Fulton Co. Pa.

16. Informant: J. W. McDaniel
Address: Hagerstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 5 - 1940 (month) (day) (year)
Cemetery or crematory: Rest Haven
Location: Hagerstown, Md.

18. Funeral director: C. M. Suter & Sons
Address: Hagerstown Md.

19. May 4 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 3 1940, at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 28 1940, to May 2 1940, and that I last saw her alive on May 2 1940.

	DURATION
Immediate cause of death: Cerebral hemorrhage	4 days
Due to: Hypertension	2
Due to:	1
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: P. Prather M. D.
Address: Hagerstown Md Date signed: May 3 40

authorization to change middle initial in name see letter filed under Prather in permanent file. 6/27/40 B.

RECEIVED
JUN 6 1940
BUREAU U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05787

1. PLACE OF DEATH

County Washington Registration Dist. No. 302

Village or City Hagerstown, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME (Stillborn) Meyer

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 15, 1940

7. AGE	Years	Months	Days	If LESS then 1 day, hrs. or min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hagerstown, Md. (State or country) Washington Co.

FATHER

13. NAME George William Meyer

14. BIRTHPLACE (city or town) Hagerstown, Md. (State or country)

MOTHER

15. MAIDEN NAME Fanny Ethelene Sager.

16. BIRTHPLACE (city or town) Hagerstown, Md. (State or country)

17. INFORMANT Mrs. George Meyer (Address) R.R.# 2, Hagerstown, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Date May 17, 1940

19. UNDERTAKER None (Address)

20. FILED May 17, 1940 Chas H. Bowers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 15, (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1940, to May 15, 1940

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 2:A m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Stillborn 5 months gestation.	

Other **Contributory Causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. T. Campbell M. D.

(Address) Hagerstown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (12-d)

CERTIFICATE OF DEATH

05788

Reg. Dist. No. 303

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Rural- Clearspring, R F D
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 72 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Rural- Clearspring, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Barbara Ellen Mills

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Joseph Mills
6(c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Feby. 3, 1868

8. AGE: Years	Months	Days	If less than one day
72	3	19	hrs. min.

9. Birthplace Washington County, Md.
(Town, county, and state)
10. Usual occupation Home Work
11. Industry or business

FATHER
12. Name John McCarthy
13. Birthplace Unknown

MOTHER
14. Maiden name Elizabeth Miller
15. Birthplace Lancaster County, Pa.

16. Informant Joseph Mills
Address Clearspring, Md. R F D

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 25, 1940 (month) (day) (year)
Cemetery or crematory St. Paul's Cemetery
Location Clearspring, Md. R F D

18. Funeral director Snyder-Rowland Funeral Home
Address Clearspring, Md.

19. May 25 1940 (Date received by registrar) Joseph W Murray Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22, 1940- 7:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15, 1940, to May 22 1940, and that I last saw her alive on May 22, 1940.

	DURATION
Immediate cause of death Chronic Endocarditis	4 yrs.
Due to Arteriosclerosis	5 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE David R. Brewer M.D.
M. D. or other
Address Clear Spring Md. Date signed 5/24/40

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05789

Reg. Dist. No. 30 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Rural - Near Funkstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: at Home
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 8 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Rural Near Funkstown
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Carlton Moler

3. (b) Social Security Number None

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Sallie V. Moler
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): February - 26 - 1858

8. AGE: Years 82 | Months 2 | Days 9 | If less than one day ____ hrs. ____ min.

9. Birthplace Shepherdstown W. Va.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Philip R. Moler
13. Birthplace Halltown W. Va.

MOTHER
14. Maiden name Sallie Ann Moler
15. Birthplace Halltown W. Va.

16. Informant M. R. Moler
Address Funkstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 8. 1940. (month) (day) (year)
Cemetery or crematory Boonsboro Cemetary
Location Boonsboro Md.

18. Funeral director Wm. T. Bast & Son
Address Boonsboro Md.

19. May 7 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 5 1940, at 6 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 2 1940, to May 5 1940, and that I last saw him alive on May 5 1940.

Immediate cause of death
Apoplexy
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

DURATION

Major findings:
Dt operations
Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE G. W. LeVan M.D.
M. D. or other
Address Boonsboro, Md Date signed 5/7/40

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05790

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown (WITHIN CORPORATE LIMITS OF)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 202 N. Potomac Street

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 11 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown (WITHIN CORPORATE LIMITS OF) Ward No. 4

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 202 N. Potomac Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Armeda P. Morris

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: James M. Morris

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): November 11, 1859

8. AGE: Years	Months	Days	If less than one day
80	6	6	hrs. min.

9. Birthplace: Frostburg, Allegheny- Maryland (Town, county, and state)

10. Usual occupation: Home duties

11. Industry or business

FATHER — 12. Name: Unknown

13. Birthplace: Unknown

MOTHER — 14. Maiden name: Unknown

15. Birthplace: Unknown

16. Informant: Mrs. Roy Smith

Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 20, 1940 (month) (day) (year)

Cemetery or crematory: Odd Fellows Cemetery

Location: Westernport, Maryland.

18. Funeral director: Fred W. Kraiss

Address: Hagerstown, Md.

19. May 19. 40 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 17, 1940 3:45 A. M. (or P. M.)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 10 19 40 to May 17 19 40, and that I last saw her alive on May 17 19 40

Immediate cause of death	DURATION
Acute cardiac dilatation	1 day
Due to	
Chronic myocarditis ?	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: P. F. Smather M. D. or other

Address: Hagerstown Md. Date signed: May, 17-4

RECEIVED
JUN 6 1940
BUREAU V. S.

Dr. Wade

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

05791

Reg. Dist. No. 305

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Beaver Creek
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Rural - near Beaver Creek
Stay in hospital or inst. (yrs., or mos., or days) at Home
Stay in this community (yrs., or mos., or days) 10 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Beaver Creek Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Mary Ellen Morrison

3. (b) Social Security Number None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John D. Morrison
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June - 3 - 1866

8. AGE:

Years	Months	Days	If less than one day
73	11	22	hrs. min.

9. Birthplace Funkstown Washington Co. Md.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Own Home.
FATHER 12. Name Daniel W. Stouffer
13. Birthplace Beaver Creek Washington Co. Md.
MOTHER 14. Maiden name Julia Ann Myers.
15. Birthplace Boonsboro Washington Co. Md.
16. Informant Mrs. Charles G. Gaver
Address Bridgeport Washington Co. Md.
17. Burial. (Burial, cremation, or removal. Which?) Date thereof May. 28. 1940 (month) (day) (year)
Cemetery or crematory Boonsboro Cemetary.
Location Boonsboro Md.
18. Funeral director Wm. J. Bast & Son
Address Boonsboro Md
19. May. 27. 1940 (Date rec'd by registrar) William J. Bast Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May - 25 - 1940, at 12.50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May. 25" 1940, to May 25" 1940, and that I last saw her alive on April 2" 1940.

	DURATION
Immediate cause of death Cerebral Hemorrhage	Sudden
Due to Dead on arrival.	
Due to	
Other conditions Arterial Hypertension	2 years.

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Hubert Wade. M. D.
M. D. or other
Address Boonsboro. Md. Date signed 5/26/40.

RECEIVED
JUN 5 1940
BUREAU V. S.

05792

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash Co. Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 days

Stay in this community (yrs., or mos., or days) Unknown

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 2 (If outside city or town limits, write RURAL NEAR and give town)

Street No. 202 Summit Ave (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Harry Mulholem

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Unknown

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 10 - 1866

8. AGE: Years 73 Months 11 Days 3 If less than one day ____ hrs. ____ min.

9. Birthplace Pittsburg Pa (Town, county, and state)

10. Usual occupation Retired

11. Industry or business —

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden name "

15. Birthplace "

16. Informant Mrs. Porter

Address 202 Summit Ave Hag Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 15-1940 (month) (day) (year)

Cemetery or crematory Rest Haven

Location Hagerstown Md

18. Funeral director Scott F Minnich & Son

Address Hagerstown Md.

19. May 14, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13, 1940, at 5:50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ----- 19 ____, to ____ 19 ____, and that I last saw him alive on ____ 19 ____.

Immediate cause of death	DURATION
Fractured rt. tibia & fibula	5/12/40
Due to Fractured rt pubic bone	5/12/4
Due to Fractured ribs(4) left.	5/12/40
Prolonged shock	5/13/40

Other conditions Fractured rt ribs(oldfractures) (Include pregnancy within 3 months of death)

Major findings:

Of operations ----

Of autopsy as above 5/13/40

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide accident Date of

Where did injury occur? Hagerstown (City or town) Wash. (County) Md. (State)

Injured at home, farm, industry, public place (where?) Summit Ave.

Means of injury Struck by auto Injured at work? no

23. SIGNATURE S. Rakes & Mills DEPUTY MEDICAL EXAM. WASH. CO., MD. M. D. or other

Address 115 N. Potomac St. Hagerstown, Md. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T) (M)

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

05793

Reg. Dist. No. 306

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Washington

City or town Ringgold Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Ringgold Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George Michael Newcomer

3. (b) Social Security Number 0

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

8 (b) Name of husband or wife Annie L Zentmyer Newcomer 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 16 1856

8. AGE:

Years	Months	Days	If less than one day
83	8	1	hrs. min.

9. Birthplace Near Ringgold Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name John L Newcomer

13. Birthplace Washington Co Md

MOTHER 14. Maiden name Catherine Boyer

15. Birthplace Smithsburg Md #2

16. Informant Miss Annie Newcomer

Address Ringgold Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/20/1940 (month) (day) (year)

Cemetery or crematory Green Hill Cemetery

Location Waynesboro Pa

18. Funeral director Walter J Grove

Address Waynesboro Pa

19. May 20 1940 (Date rec'd by registrar) Geo. W. Ferguson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/19/40 19 , at 10:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5/4/40 19 , to 5/17/40 19 , and that I last saw h alive on 5/17/40 19 .

Immediate cause of death Bronchio Pneumonia

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A W Lindemuth M. D. or other

Address Waynesboro Date signed 5/18/40

RECEIVED
JUN 10 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

05794

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town near Leitersburg Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Washington

City or town Hagerstown Md #5 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles B Neff

3. (b) Social Security Number

4. Sex male

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Annie Stephey Neff

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 15 1873

8. AGE: Years 66 Months 5 Days 26 If less than one day hrs. min.

9. Birthplace near Leitersburg Md (Town, county, and state)

10. Usual occupation Retired School Teacher

11. Industry or business

FATHER 12. Name Theodore Neff

13. Birthplace New York Ny

MOTHER 14. Maiden name Martha Newcomer

15. Birthplace Md

16. Informant Mr. Frank Stephey

Address Hagerstown Md #5

17. Green Hill (Burial, cremation, or removal. Which?) Date thereof May 14 1940 (month) (day) (year)

Cemetery or crematory Green Hill

Location Waynesboro Pa

18. Funeral director Walter Y Grove

Address Waynesboro Pa

19. May 14 1940 (Date rec'd by registrar) W. B. Newcomer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11 1940, at 8 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 21 1940, to May 11 1940, and that I last saw him alive on May 11 1940.

Immediate cause of death	DURATION
Cerebral Edema	84 hrs
Due to Paralysis Agitans	18 yrs
Due to	
Other conditions Chronic Arthritis	6 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ✓ Date of

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ✓ Injured at work?

23. SIGNATURE G. G. Kohler M. D. or other

Address Leitersburg Date signed 6/11/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-2)

CERTIFICATE OF DEATH

05795

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town WITHIN CORPORATE LIMITS OF Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Washington County Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 day

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. WITHIN CORPORATE LIMITS County Washington

City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 602 George St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Child of Alexander R. Perrott

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7, 1940

8. AGE:

Years	Months	Days	If less than one day
0	0	1	hrs. min.

9. Birthplace Hagerstown, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Alexander R. Perrott
13. Birthplace Clearspring, Md.

MOTHER
14. Maiden name Hallie Miller
15. Birthplace Perrysville, Ohio

16. Informant Alexander R. Perrott
Address 602 George St., Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 5/ 9/40 (month) (day) (year)

Cemetery or crematory Broadfording Cemetery

Location Broadfording

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. May 9, 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1940, at 2:50 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 7, 1940, to May 8 1940, and that I last saw him alive on 1940

Immediate cause of death Congenital septum
Defect of heart — DURATION 5/8/40

Due to Imperforate anus

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy 5/8/40 as above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ----- Date of

Where did injury occur? ----- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) --

Means of injury --- Injured at work?

23. SIGNATURE D. Rebus Mills, M.D.
M. D. or other

Address 115 N. Potomac St. Hagerstown, Md.

Date signed 5/9/40

RECEIVED
JUN 6 1940
BUREAU V. S.

05796

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 316

1. PLACE OF DEATH:

County: Washington

City or town: Keedysville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Rural near Keedysville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Keezie May Poffenberger

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Clayton W. Poffenberger

6 (c) If alive, give age: 56 years

7. Birth date of deceased (mo., day, yr.): Jan. 8, 1881

8. AGE:

Years	Months	Days	If less than one day
59	5	17	hrs. min.

9. Birthplace: Sharpsburg, Wash. Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Benjamin Santman
13. Birthplace: Sharpsburg, Md.

MOTHER
14. Maiden name: Susan Loop
15. Birthplace: Sharpsburg, Md.

16. Informant: Clayton W. Poffenberger

Address: Keedysville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 5 (month) 25 (day) L940 (year)

Cemetery or crematory: Mt. View

Location: Sharpsburg, Md.

18. Funeral director: R. I. Earnshaw

Address: Keedysville, Md.

19. May 24, 1940 (Date rec'd by registrar) B. H. Geeting Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 22 1940, at 9 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feby 27" 1940, to May 22" 1940, and that I last saw her alive on May 20" 1940.

Immediate cause of death: Chronic Myocarditis — DURATION: 2/27/40

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Herbert Wade M. D. M. D. or other

Address: Boonsboro, Md. Date signed: 5/23/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T)

RECEIVED
JUN 4 1940
BUREAU V. S.

05797

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City ~~or town~~ Hagerstown (If outside city or town limits, write RURAL and give nearest town)

Now long in above place of death? 51 yr.

Hospital, ~~institution~~, or street address where death occurred: 1136 Potomac ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or ~~town~~ Hagerstown (If outside city or town limits, write RURAL and give nearest town)

Street No. 1136 Potomac ave. (If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME John H. Powles

3. (b) Social Security Number 214-09-6526

4. Sex Male | 5. Color or race white | 6.(a) Single, married, widowed, or divorced widower

6.(b) Name of ~~husband~~ or wife Henrietta Powles

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) apr 13- 1889

8. AGE: Years 51 | Months 1 | Days 3 | If less than one day ..... hrs. ..... min.

9. Birthplace Hagerstown, Wash Co. Md (Town, county, and state)

10. Usual occupation Hardware Merchant

11. Industry or business

FATHER 12. Name Joshua Powles.

13. Birthplace Hagerstown, Md.

MOTHER 14. Maiden name Carrie R. Bikle

15. Birthplace Waynesboro, Pa.

16. Informant Robert Powles.

Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof May 18- 1940 (month) (day) (year)

Cemetery or ~~crematory~~ Rose Hill

Location Hagerstown, Md

18. Funeral director C. M. Suter & Sons.

Address Hagerstown, Md

19. May 18. 1940 (Date rec'd by registrar) Chas H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 16 1940, at 7:10A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from --- 19..., to ..... 19.....

and that I last saw him alive on ..... 19.....

Immediate cause of death

	DURATION
Coronary Thrombosis	5/15/40
Due to Acute ventricular Fibrillation	5/16/40
Due to	
Other conditions none	

(Include pregnancy within 3 months of death)

Major findings of operations none done

Date of op.

Autopsy results No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of

Where did injury occur? --- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) --

Means of injury --(sudden death) Injured at work?

23. SIGNATURE D. Rahes & Mills M. D. or ~~Coroner~~

Address 115 N. Potomac St. Hagerstown, Md. Date signed

DEPUTY MEDICAL EX WASH. CO., MD.

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 6 1940
BUREAU V. S.

05798

306

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (157-2)

County Washington Registration Dist. No. 14

Village or City Greensburg Maryland No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nancy Irena Pryor If U. S. Veteran, specify WAR —

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) May 6 1940

7. AGE Years Months May 2 Days 6 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ✓

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Smithsburg Md.

FATHER

13. NAME Carol S. Pryor

14. BIRTHPLACE (city or town) (State or country) Smithsburg Md

MOTHER

15. MAIDEN NAME Lillian A. Miller

16. BIRTHPLACE (city or town) (State or country) Smithsburg Md

17. INFORMANT Carol S. Pryor (Address) Smithsburg Md. R#

18. BURIAL, CREMATION, OR REMOVAL

Place Ringgold Date May 8, 1940

19. UNDERTAKER Geo. B. Hoover (Address) Smithsburg Md.

20. FILED May 8, 1940 Geo. W. Ferguson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May (Month) 8 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1940, to May 8, 1940

I last saw her alive on May 8, 1940; death is said to have occurred on the date stated above, at 4:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Congenital Heart disease	May 6

Other Contributory Causes of importance: —

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) G. A. Kohler M. D.

(Address) Smithsburg

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other **contributory causes of importance:**	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other **contributory causes of importance:**	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05799
Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 431 Liberty St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 77

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 431 Liberty
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Sallie V Semler
3. (b) Social Security Number None

4. Sex female
5. Color or race white
6. (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife Albertus Semler
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec 9 - 1862

8. AGE: Years 77 Months 5 Days 10 If less than one day hrs. min.

9. Birthplace Hagerstown Washington Md (Town, county, and state)
10. Usual occupation House mfe
11. Industry or business Own home
FATHER 12. Name George Feigley
13. Birthplace Hagerstown Md
MOTHER 14. Maiden name Senie Knights
15. Birthplace Funkstown Md
16. Informant Mrs. Josephine Wolfe
Address Hagerstown Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 21-40 (month) (day) (year)
Cemetery or crematory Rose Hill
Location Hagerstown Md
18. Funeral director Scott F. Minnich & Son
Address Hagerstown Md
19. May 20, 1940 (Date rec'd by registrar) Chas H Powers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 1940, at 12.40 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-10-39 19 to 5/19/40 19
and that I last saw her alive on 5/19/40 19
Immediate cause of death Congestive Heart Failure Coma
Due to
Due to
Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION
10 Hrs

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Earl Young MD M. D. or other
Address 5/20/40 Hagerstown Date signed

Young

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (122-a)

CERTIFICATE OF DEATH

05809

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Wash. Co. Hospital

Stay in hospital or inst. (yrs., or mos., or days) 3 days.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Benevola Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural - Boonsboro Route 1
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Bessie May Shoemaker

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Charles M. Shoemaker

6(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) May - 8 - 1877

8. AGE:

Years	Months	Days	If less than one day
63	0	18	hrs. min.

9. Birthplace Mill Point Wash. Co. Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home.

FATHER
12. Name Joseph Wissinger
13. Birthplace Mill Point Wash. Co. Md.

MOTHER
14. Maiden name Susan Martz
15. Birthplace Appletown Wash. Co. Md.

16. Informant Charles M. Shoemaker
Address Boonsboro Md. Route 1

17. Burial. Date thereof May 29 - 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mason Cemetary

Location near Tilghmanton Md.

18. Funeral director Wm. J. Bast & Son

Address Boonsboro, Md.

19. May 28, 1940 Chas. H. Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 26 1940, at 9A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 21 1940, to May 26 1940, and that I last saw her alive on May 25th 1940.

Immediate cause of death	DURATION
Chronic fatty myocarditis.	3yrs
Due to Strangulated umbilical hernia.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. W. Lehan M. D.
M. D. or other

Address Boonsboro, Date signed May 26, 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05801

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Wash

City or town Hagerstown Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 817 W. Washington St.

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Washington

City or town Hagerstown Md Ward No. 1
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 817 W. Washington
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Mis Carriage Shupp

3. (b) Social Security Number

4. Sex M

5. Color or race white

6. (a) Single, ~~married, widowed, or divorced~~ —

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 20 1940

8. AGE: Years | Months | Days | If less than one day ___ hrs. ___ min.

9. Birthplace Hagerstown, Md
(Town, county, and state)

10. Usual occupation Mis Carriage.

11. Industry or business

FATHER
12. Name Shupp, Albert D.
13. Birthplace Luray Va

MOTHER
14. Maiden name Wilson Daisey
15. Birthplace Luray Va.

16. Informant Albert D. Shupp

Address 817 W. Wash St

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof May 21, 1940
(month) (day) (year)

Cemetery or crematory Crematorium

Location Near Grandfathers farm Hagerstown Md

18. Funeral director None Albert D. Shupp

Address Hagerstown Md

19. June 2, 1940 Chas H Powers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH (?) Mis Carriage 5/20 1940, at 3P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ? 19 , to 19 ,

and that I last saw h alive on never 19

Immediate cause of death (?) Mis Carriage.

Due to (?)

Due to (?)

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations ? none

Of autopsy none

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide (?) — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of Injury Injured at work? —

23. SIGNATURE Victor D. Miller
M. D. or other

Address Date signed 5/28 1940

DR. VICTOR D. MILLER
131 W. WASHINGTON ST.

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (44a)

CERTIFICATE OF DEATH

05802

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Washington
City or town: Fairview,
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 6 5 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Fairview, near Hagerstown. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: John Luther Shupp

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Della Angle Shupp
6(c) If alive, give age: 59 years

7. Birth date of deceased (mo., day, yr.): Feb 27, 1873.

8. AGE: Years	Months	Days	If less than one day
67	2	7	hrs. min.

9. Birthplace: Charlton Washington County, Md
(Town, county, and state)
10. Usual occupation: Retired farm work.
11. Industry or business:
FATHER 12. Name: Daniel Shupp
13. Birthplace: Washington County
MOTHER 14. Maiden name: Ann Savilla Weller
15. Birthplace: Washington County , Md.
16. Informant: Earl Shupp (Son)
Address: Hagerstown, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof May 6, 1940 (month) (day) (year)
Cemetery or crematory: Broadfording Cemetery.
Location: Broadfording, Washington, Co.
18. Funeral director: Fred W. Kraiss.
Address: Hagerstown,
19. May 6 19 40 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 3 19 40, at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him alive on ____ 19__.

Immediate cause of death: Suffocation by hanging — DURATION: 5/3/40
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings: Of operations: No
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Suicide ; Date of: May 3, '40
Where did injury occur? Clearspring (City or town) Wash. (County) Md. (State)
Injured at home, farm, industry, public place (where?): Home
Means of injury: Hanging Injured at work? No

23. SIGNATURE: D. Robert Mills DEPUTY MEDICAL EXAMINER WASH. CO., MD.
Address: 115 N. Potomac St. Hagerstown, Md. M. D.
Date signed: 5/4/40

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

05803

CERTIFICATE OF DEATH

Reg. Dist. No. 311

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington County

City or town: Tilghmanton Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 57

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Tilghmanton Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Tilghamnton Md
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Daniel Smith

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of ~~husband~~ or wife: Leatha Helen Smith

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct. 31 1858

8. AGE: Years	Months	Days	If less than one day
81	7	17	hrs. min.

9. Birthplace: Tilghmanton Md
(Town, county, and state)

10. Usual occupation: Stone Mason

11. Industry or business:

FATHER
12. Name: Daniel Smith
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mary Palmer
15. Birthplace: Maryland

16. Informant: Daniel Moats (Nephew)
Address: Tilghmanton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 21 1940 (month) (day) (year)

Cemetery or crematory: Manor Cemetery

Location: Near Tilghmanton Md

18. Funeral director: Edith V Leaf

Address: Williamsport, Md

19. May 20 1940 (Date rec'd by registrar) J S Bloom Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 19 1940, at 5:28 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr. 26 1940 to May 19 1940; and that I last saw h~~im~~er alive on May 18 1940.

	DURATION
Immediate cause of death: Heart block.	3 wks.
Due to: Arteriosclerosis Myocarditis Chronic	10 yrs.
Due to:	
Other conditions: General Arteriosclerosis (Include pregnancy within 3 months of death)	10 yrs

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Walter L. Shipley M.D. M. D. or other

Address: Sharpsburg, Md Date signed: May 20, 1940

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05804

Reg. Dist. No. 206

1. PLACE OF DEATH:
County Washington
City or town Smithsburg
(If outside city or town limits, write RURAL, NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 24 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County
City or town Smithsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Margaret Smith

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Widow

6 (b) Name of husband or wife Joseph Smith
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 25 1852

8. AGE:

Years	Months	Days	If less than one day
87	6	7	hrs. min.

9. Birthplace New Jersey (Town, county and state)
10. Usual occupation Housework
11. Industry or business own Home

FATHER
12. Name John Wells
13. Birthplace Ireland

MOTHER
14. Maiden name Mary
15. Birthplace Ireland

16. Informant Mrs Mary Wellinger
Address Hagerstown Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof May 4 1940 (month) (day) (year)
Cemetery or crematory Rose Hill
Location Hagerstown Md.

18. Funeral director C. M. Suter & Sons
Address Hagerstown Md

19. May 3 1940 (Date rec'd by registrar) Geo W. Ferguson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 2 1940, at 7A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 16 1940, to May 2 1940, and that I last saw h alive on May 2 1940.

Immediate cause of death	DURATION
Cerebral Thrombosis	4 days
Due to Arteriosclerosis	8 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE [illegible] M. D. Coroner
Address Smithsburg Date signed 5/3/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAY 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (13-8)

Reg. Dist. No. 304

05805

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Hancock (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Fulton Ave

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 18 Years

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Washington

(c) City or town Hancock. (If outside city or town limits, write RURAL and give town)

(d) Street No. Fulton Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Geraldine May Souders

3 (b) If veteran, name war

3 (c) Social Security No. none

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18 1918

8. AGE: Years 21 Months 9 Days 13 If less than one day hr. min.

9. Birthplace Fulton Co. Pa. (Town, county, and state)

10. Usual occupation N.Y.A.

11. Industry or business

FATHER

12. Name Harry Souders

13. Birthplace Fulton Co.Pa.

MOTHER

14. Maiden Name Julia Sensell

15. Birthplace Washington Co. Md.

16 (a) Informant Harry Souders

(b) Address Hancock, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5 1940 (month) (day) (year)

(c) Cemetery or crematory Tonoloway Baptice Cemetery

Location Near Hancock.Md.

18 (a) Funeral director Snyder -Rowland

(b) Address Hancock.Md.

19 (a) 5/3 40 (Date rec'd by registrar) (b) T P Jenkins Registrar

MEDICAL CERTIFICATION

20. Date of death May 1 1940, at 12 50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 22 1940, to May 1 1940, and that I last saw him alive on May 1 1940.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature D M Shaffer M. D. or other

Address Hancock Date signed 5/3 40

VS. A15 (T) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (742)

CERTIFICATE OF DEATH

05806

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Washington
City or town: ~~Hagerstown~~
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 48 years
Hospital, institution, or street address where death occurred: 157 S. Mulberry
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: ~~Hagerstown~~ Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 157 S. Mulberry
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Grace Steinmetz

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Widow

6.(b) Name of husband ~~or wife~~: Edward Steinmetz
6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Dec 24 - 1876

8. AGE:

Years	Months	Days	If less than one day
63	4	14	hrs. min.

9. Birthplace: Shepherdstown Jefferson Co. W. Va.
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: own Home

FATHER
12. Name: Norman L. Fisher
13. Birthplace: Hagerstown, Md.

MOTHER
14. Maiden name: Margaret V. Fayman
15. Birthplace: Hagerstown, Md.

16. Informant: Mrs. Mary Daugherty
Address: Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 11-1940 (month) (day) (year)

Cemetery or ~~crematory~~: Rose Hill
Location: Hagerstown, Md

18. Funeral director: C. M. Suter & Sons
Address: Hagerstown Md

19. May 11 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 8th 1940 at 6 P. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from May 8 1940, to May 8 1940
and that I last saw her alive on 19

Immediate cause of death	DURATION
Coronary embolism	½ hr
Due to	
Due to	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings of operations: None
Date of op.
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Ernest F. Poole M.D.
M. D. or others

Address: 138 W. Washington Date signed: 5/10/40

Dr Poole

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 303

CERTIFICATE OF DEATH

05807

1. PLACE OF DEATH:

(a) County Wash.

(b) City or town Mooresville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Indian Spring Dist.

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) —

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Wash.

(c) City or town Big Pool Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. R. F. D. 1 (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Suder

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex M.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Single.

6 (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May 21, 1940

8. **AGE:** Years Months Days Still born — If less than one day _____ hr. _____ min.

9. Birthplace Mooresville — (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER

12. Name Frances Suder

13. Birthplace W. Va.

MOTHER

14. Maiden Name Vesta M. Weller.

15. Birthplace Big Pool Md.

16 (a) Informant Frances Suder.

(b) Address Big Pool Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22 1940 (month) (day) (year)

(c) Cemetery or crematory Park Head

Location Ontoute 40 near Hancock

18 (a) Funeral director Snyder-Rowland

(b) Address Clear Spring Md.

19 (a) May 2 1940 (Date rec'd by registrar) (b) Joseph W. Murray Registrar

MEDICAL CERTIFICATION

20. Date of death May 21, 1940, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from _____ 19__, to May 21, 1940 and that I last saw him alive on Still born

Immediate cause of death Contracted pelvis

Due to Oversize baby

Due to 9 months gestation.

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury _____

23. Signature David R. Brewer M. D. M. D. or other

Address Clear Spring Md. Date signed 5/22/40.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

05808

Reg. Dist. No. 305

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Boonsboro
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: S. Main St.

Stay in hospital or inst. (yrs., or mos., or days) at Home

Stay in this community (yrs., or mos., or days) 1 year

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Boonsboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. S. Main St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Annie Elizabeth Warrenfeltz.

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Luther Warrenfeltz

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) October 23 - 1866

8. AGE:

Years	Months	Days	If less than one day
73	6	18	____ hrs. ____ min.

9. Birthplace Boonsboro Wash. Co. Md.
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business Duty home.

FATHER
12. Name Daniel Smith
13. Birthplace Boonsboro Wash. Co. Md.

MOTHER
14. Maiden name Malinda Green
15. Birthplace Boonsboro Wash. Co. Md.

16. Informant Dewey Warrenfeltz.
Address Boonsboro Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May. 14. 1940 (month) (day) (year)

Cemetery or crematory Boonsboro Cemetary

Location Boonsboro Md.

18. Funeral director Wm J. Bast & Son

Address Boonsboro Md.

19. May 14 1940 William J. Bast
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 11" 1940, at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 18" 1940, to May 11" 1940, and that I last saw h alive on May 11" 1940.

Immediate cause of death Cerebral Hemorrhage — DURATION 3 wks. 2 dy.

Due to ____

Due to ____

Other conditions ____

(Include pregnancy within 3 months of death)

Major findings:

Of operations ____

Of autopsy ____

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE J. Hubert Wade. M.D.
M. D. or other

Address Boonsboro. Md. Date signed 5/13/40

RECEIVED
JUN 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

05809

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 yrs.

Hospital, institution, or street address where death occurred: 1017 W. Washington

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1017 W. Washington

(If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME Maggie Weant

3.(b) Social Security Number none

4. Sex: Female

5. Color or race: white

6.(a) Single, married, widowed, or divorced: Widow

6.(b) Name of husband or wife: Samuel Weant

6.(c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.): Apr. 10 - 1848

8. AGE: Years 92 | Months — | Days 29 | If less than one day ——— hrs. ——— min.

9. Birthplace: Key Mar, Carroll Co. Md.

(Town, county, and state)

10. Usual occupation: Retired

11. Industry or business

FATHER

12. Name: Rev. John Delphey

13. Birthplace: Frederick Co. Md.

MOTHER

14. Maiden name: Ann M. Matthew

15. Birthplace: Frederick Co. Md

16. Informant: Mrs. C. M. Weant

Address: Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 12-1940 (month) (day) (year)

Cemetery or crematory: United Brethren

Location: Thurmont, Md.

18. Funeral director: C. M. Suter & Sons

Address: Hagerstown Md.

19. May 12, 1940 (Date rec'd by registrar) Chas. H. Boerner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: ~~Apr.~~ May 9 1940, at H 45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1938, to May 9 1940 and that I last saw h-er alive on May 9 1940

	DURATION
Immediate cause of death: Chr. Myocarditis	5 yrs.
Due to:	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert P. Conrad M.D. M. D. of other

Address Hagerstown, Md Date signed 5-11-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 6 1940
BUREAU V. S.

Dr Conrad

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

05810

CERTIFICATE OF DEATH

Reg. Dist. No. 7

1. PLACE OF DEATH:

County: Washington

City or town: Near Pleasant Valley
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: none

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): 9 yr

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: md County: Wash

City or town: Near Pleasant Valley Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: — — —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: — — — —

3. (a) FULL NAME: Jennie R. Webb.

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) ~~Single~~ married, ~~widowed, or divorced~~: married

6 (b) Name of husband ~~or wife~~: Samuel Webb.

6(c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): 8-23 1890

8. AGE:

Years	Months	Days	If less than one day
50	-	23	— hrs. — min.

9. Birthplace: Near Foxville Fred Co md
(Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business: — —

FATHER
12. Name: David. Brown.
13. Birthplace: Near Foxville. Fred Co md

MOTHER
14. Maiden name: Susan Lemm.
15. Birthplace: Near Wolfsville md

16. Informant: Samuel. Webb.
Address: Smithsburg md R.F.D.

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery ~~or crematory~~: Bethel

Location: Near Foxville Fred Co md

18. Funeral director: Geo. B. Hoover

Address: Smithsburg md

19. May 18 1940 (Date rec'd by registrar) Geo. W. Ferguson local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 16 1940, at 11:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 13 1940, to May 16, 1940, and that I last saw her alive on May 16 1940.

Immediate cause of death

Due to: Chronic myocarditis

Due to

Other conditions: Marked generalized edema
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Walter L. Wolfinger M. D. or other

Address: Smithsburg, Maryland Date signed: 5.17.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 10 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-a

CERTIFICATE OF DEATH

05811

Reg. Dist. No. 302

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 yrs
Hospital, institution, or street address where death occurred: 802 Oak Hill ave
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 802 Oak Hill ave
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Miranda C. Wentling

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Widow

6.(b) Name of husband or wife: Charles E Wentling
6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Mar 9 - 1858

8. AGE:

Years	Months	Days	If less than one day
82	1	26	hrs. min.

9. Birthplace: Allegany Co. Md.
(Town, county, and state)
10. Usual occupation: Housework
11. Industry or business: own Home

FATHER
12. Name: Thomas Dicken
13. Birthplace: Bedford Co Pa.

MOTHER
14. Maiden name: Catherine Sieger
15. Birthplace: Bedford Co. Pa.

18. Informant: Mrs. Grace W. Friend
Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 7-1940 (month) (day) (year)
Cemetery or crematory: Rose Hill
Location: Hagerstown Md
18. Funeral director: C. M. Sutter & Sons
Address: Hagerstown, Md.

19. May 7, 1940 (Date rec'd by registrar) Chas H Boevers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May 5 1940 at 9.15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/27 1938, to 5/5 1940
and that I last saw h Cr alive on 5/5 1940

	DURATION
Immediate cause of death: Cerebral hemorrhage	6 hrs (?)
Due to: Cerebral arteriosclerosis	?
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results: —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: John H Hambacher M. D.
M. D. or other
Address: 118 W Washington St. Date signed: 5/6/40
Hagerstown, Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUN 6 1940
BUREAU V. S.

VS A15

05812

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown. (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 125 King St

Stay in hospital or inst. (yrs., or mos., or days) None.

Stay in this community (yrs., or mos., or days) 53 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 3 (If outside city or town limits, write RURAL NEAR and give town)

Street No. 125 King St. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None.

3. (a) FULL NAME Bessie Virginia White.

3. (b) Social Security Number 214-09-1444.

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single.

8 (b) Name of husband or wife None

6(c) If alive, give age ——— years

Birth date of deceased (mo., day, yr.) Jany 26- 1887

8. AGE: Years 53 | Months 3 | Days 28 | If less than one day ___ hrs. ___ min.

9. Birthplace Hagerstown, Wash Co. Md. (Town, county, and state)

10. Usual occupation Clerk - (Stationery Store)

11. Industry or business R.M. Hays & Bros.

FA Name John Edward White

13. Birthplace Hagerstown.

MOTHER 14. Maiden name Virginia Leonard

15. Birthplace Hagerstown.

16. Informant John E White

Address Hagerstown, Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof May 25-1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cem.

Location Hagerstown Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md

19 May 25, 1940 (Date rec'd by registrar) Chas H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1940, at 7 45 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw her alive on ___ 19___.

Immediate cause of death: Coronary Thrombosis — DURATION 5/23/40

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ------ Date of

Where did injury occur? ------ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ----- Injured at work?

23. SIGNATURE D. Robert Wells DEPUTY MEDICAL EXAM WASH. CO., MD. M. D. [redacted]

Address 115 N. Potomac St., Hagerstown, Md. Date signed 5/ 24/40

PLEASE WRITE PLAINLY, WITH U... K Every ... of information should carefully be supplied. The correct age is especially important ... write th... ...es of death clearly and legibly.

Wells.

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

05813

Reg. Dist. No. 307

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington Md

City or town: Funkstown Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Entire life

Hospital, Institution, or street address where death occurred: Funkstown Md

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington Md

City or town: Funkstown Md

(If outside city or town limits, write RURAL and give nearest town)

Street No. X X (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Mrs Etta King Williams

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: David William

6.(c) If alive, give age: ——— years

7. Birth date of deceased (mo., day, yr.): Mar. 10 - 1869

8. AGE:

Years	Months	Days	If less than one day
71	2	8	...hrs. ...min.

9. Birthplace: Fiddleburg Washington Co. Md (Town, county, and state)

10. Usual occupation: House wife

11. Industry or business

FATHER — 12. Name: John A King

13. Birthplace: dont no

MOTHER — 14. Maiden name: Laura A Cook

15. Birthplace: Sharpsburg Md

16. Informant: R Glenn Williams

Address: Funkstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 5-28-1940 (month) (day) (year)

Cemetery or crematory: Funkstown

Location: Funkstown Md

18. Funeral director: L G Kelcher

Address: Funkstown Md

19. May 27, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: May. 25 1940 at 3:P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1940 to May 25 1940 and that I last saw her alive on May 25 1940

	DURATION
Immediate cause of death: Cerebral Thrombosis	March-40
Due to: Hypertensive Cardio-vascular disease	
Due to:	
Other conditions: Acute Parotitis	May 23-40
Acute Bronchitis	Mar 31-40

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Sidney Rovenstine M. D. or other

Address: Funkstown Md Date signed: May 26-1940

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73rd)

CERTIFICATE OF DEATH

05814

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 1300 Hamilton Blvd.

Stay in hospital or inst. (yrs., or mos., or days) none

Stay in this community (yrs., or mos., or days) 7yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5 (If outside city or town limits, write RURAL NEAR and give town)

Street No. 300 Hamilton Blvd. (If rural give LOCATION)

2(c) IF VETERAN, NAME WAR no.

3. (a) FULL NAME Elmer Alonzo Young.

3. (b) Social Security Number none.

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: widower.

6 (b) Name of husband or wife Clara

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 27 1863

8. AGE: Years 77 | Months — | Days 11 | If less than one day ____ hrs. ____ min.

9. Birthplace Myersville Fred Co Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Retired.

FATHER 12. Name William R. Young

13. Birthplace Myersville Md.

MOTHER 14. Maiden name Cornelia A. Brown

15. Birthplace Foxville Md.

16. Informant Mrs Lloyd Haushman

Address Hagerstown. Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof May 10 1940 (month) (day) (year)

Cemetery or crematory United Brethren Cemetery

Location Myersville Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md

19. May 9. 1940 (Date rec'd by registrar) Chas H Beaver Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 8 1940, at 1 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 17, 1940, to May 8, 1940, and that I last saw h alive on May 7, 1940

Immediate cause of death	DURATION
Cardiac Failure Edema	2 days.
Due to Chronic Myocarditis	Indef.
Arteriosclerosis	Indef.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B B Kneisley M.D. M. D. or other

Address Hagerstown Md Date signed 5/9/40

Dr. Kneisley.

RECEIVED
JUN 6 1940
BUREAU V. S.